

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033218

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

290

Primary Registration District No.

Registrar's No.

104

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 26 1963

1. PLACE OF DEATH

a. COUNTY Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St Roberts

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Block Plant Office

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski

c. CITY OR TOWN Waynesville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Walter George MacDonald

4. DATE OF DEATH
Month Day Year
Aug 9 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
June 20, 1907

9. AGE (last birthday)
56

IF UNDER 1 YEAR IF UNDER 24 Hrs
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Corporation Manager

10b. KIND OF BUSINESS OR INDUSTRY
Commercial Sault Ste Marie Mich.

11. BIRTHPLACE (City and state or country)
USA

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William McDonald

13b. MOTHER'S MAIDEN NAME

Elizabeth Eve Webber

14. NAME OF HUSBAND OR WIFE

Hazel McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)
yes

16. SOCIAL SECURITY NO.

11

17. INFORMANT

Hazel McDonald Waynesville Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

Instantaneous

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days:

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-9-63 to 8-9-63 and last saw him alive on 8-9-63.
Death occurred at 10:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. Miller emp.

MD

22b. ADDRESS

Waynesville Missouri

22c. DATE SIGNED

8-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

8-11-63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Cemetery

23d. LOCATION (City, town, or county)

Waynesville Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Moss-Williams Waynesville Mo

25. DATE RECD. BY LOCAL REG.

8-11-63

26. REGISTRAR'S SIGNATURE

Emma J. Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0850

2 0850

3 2

4 0

5 1

6

7 1

8 2

9 420.1

10

11

12 91-0

13 10

NOV 5 1963

AUG 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.